

RECEIVED
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK OCT -7 AM 10:21
SDNY PRO SE OFFICE

Kervin Jeanty

Write the full name of each plaintiff.

-against-

Bottini Fuel Oil, Mark Bottini,

Nancy Doe

CV

(Include case number if one has been assigned)

Do you want a jury trial?

Yes No

Write the full name of each defendant. The names listed above must be identical to those contained in Section I.

EMPLOYMENT DISCRIMINATION COMPLAINT

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

D

I. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

<u>Kervin</u>	<u>R</u>	<u>JeantY</u>
First Name	Middle Initial	Last Name
<u>11 Kentucky Dr</u>		
Street Address		
<u>Orange, Newburgh</u>	<u>N.Y.</u>	<u>12550</u>
County, City	State	Zip Code
<u>845-522-6147</u>	<u>Kervin.jeantY@yahoo.com</u>	
Telephone Number	Email Address (if available)	

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. (Proper defendants under employment discrimination statutes are usually employers, labor organizations, or employment agencies.) Attach additional pages if needed.

Defendant 1:	<u>Bottini Fuel oil</u>		
Name	<u>2785 West Main St</u>		
Address where defendant may be served			
<u>Dutchess, Wappinger Falls</u>	<u>New York</u>	<u>12590</u>	
County, City	State	Zip Code	

Defendant 2:	<u>Mark Bottini</u>		
Name	<u>2785 West Main St</u>		
Address where defendant may be served			
<u>Dutchess, Wappingers Falls</u>	<u>New York</u>	<u>12590</u>	
County, City	State	Zip Code	

Defendant 3:

Nancy "Doe"

Name

2785 West Main St

Address where defendant may be served

Dutchess, Wappinger Falls New York

County, City

State

12590

Zip Code

II. PLACE OF EMPLOYMENT

The address at which I was employed or sought employment by the defendant(s) is:

Bottini Fuel oil and Propane

Name

9 Depot St

Address

Orange, Washingtonville, NY 10992

County, City

State

Zip Code

III. CAUSE OF ACTION**A. Federal Claims**

This employment discrimination lawsuit is brought under (check only the options below that apply in your case):

Title VII of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000e to 2000e-17, for employment discrimination on the basis of race, color, religion, sex, or national origin

The defendant discriminated against me because of my (check only those that apply and explain):

race: Fired For Not Driving in Snow; Paid 14.00 hr

color: _____

religion: _____

sex: _____

national origin: _____

42 U.S.C. § 1981, for intentional employment discrimination on the basis of race

My race is: African American, Hispanic

Age Discrimination in Employment Act of 1967, 29 U.S.C. §§ 621 to 634, for employment discrimination on the basis of age (40 or older)

I was born in the year: _____

Rehabilitation Act of 1973, 29 U.S.C. §§ 701 to 796, for employment discrimination on the basis of a disability by an employer that constitutes a program or activity receiving federal financial assistance

My disability or perceived disability is: _____

Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 to 12213, for employment discrimination on the basis of a disability

My disability or perceived disability is: _____

Family and Medical Leave Act of 1993, 29 U.S.C. §§ 2601 to 2654, for employment discrimination on the basis of leave for qualified medical or family reasons

B. Other Claims

In addition to my federal claims listed above, I assert claims under:

New York State Human Rights Law, N.Y. Exec. Law §§ 290 to 297, for employment discrimination on the basis of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status

New York City Human Rights Law, N.Y. City Admin. Code §§ 8-101 to 131, for employment discrimination on the basis of actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage, citizenship status

Other (may include other relevant federal, state, city, or county law): _____

IV. STATEMENT OF CLAIM

A. Adverse Employment Action

The defendant or defendants in this case took the following adverse employment actions against me (check only those that apply):

- did not hire me
- terminated my employment
- did not promote me
- did not accommodate my disability
- provided me with terms and conditions of employment different from those of similar employees
- retaliated against me
- harassed me or created a hostile work environment
- other (specify): _____

B. Facts

State here the facts that support your claim. Attach additional pages if needed. You should explain what actions defendants took (or failed to take) because of your protected characteristic, such as your race, disability, age, or religion. Include times and locations, if possible. State whether defendants are continuing to commit these acts against you.

On or about 1/30/19 I was fired for refusing to continue driving in the snow with Hazardous Fuel oil. I was paid "started" 19.00 hr at hire For a CDL A Hazmat License. Nancy Doe, made a comment during hire interview, I don't like dogs, I hate dogs, they kill dogs. I am African American and Hispanic. I reserve the right to edit and/or Amend this claim.

As additional support for your claim, you may attach any charge of discrimination that you filed with the U.S. Equal Employment Opportunity Commission, the New York State Division of Human Rights, the New York City Commission on Human Rights, or any other government agency.

V. ADMINISTRATIVE PROCEDURES

For most claims under the federal employment discrimination statutes, before filing a lawsuit, you must first file a charge with the U.S. Equal Employment Opportunity Commission (EEOC) and receive a Notice of Right to Sue.

Did you file a charge of discrimination against the defendant(s) with the EEOC or any other government agency?

Yes (Please attach a copy of the charge to this complaint.)

When did you file your charge? _____

No

Have you received a Notice of Right to Sue from the EEOC?

Yes (Please attach a copy of the Notice of Right to Sue.)

What is the date on the Notice? _____

When did you receive the Notice? _____

No

VI. RELIEF

The relief I want the court to order is (check only those that apply):

direct the defendant to hire me
 direct the defendant to re-employ me
 direct the defendant to promote me
 direct the defendant to reasonably accommodate my religion
 direct the defendant to reasonably accommodate my disability
 direct the defendant to (specify) (if you believe you are entitled to money damages, explain that here)

Compensate me, for Damages

VII. PLAINTIFF'S CERTIFICATION

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

9/16/21

Dated

Kervin

First Name

R

Middle Initial

Kervin Jean

Plaintiff's Signature

Jean

Last Name

Street Address

Orange, Newburgh

County, City

845-522-6147

Telephone Number

N.Y.

State

12550

Zip Code

Kervin.JeanY@yahoo.com

Email Address (if available)

I have read the attached Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

Yes No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

Kevin Secry
11 Kentucky Dr
Newburgh, NY 12550

SDNY

USM
SDNY
PRO SE INTAKE UNIT
500 Pearl St
NY NY 10007

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SDNY PRO SE Office
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